



Invest in People Pledge Form

△ Pledge amount

I/we pledge to give \$ _____ (excluding any anticipated matching gifts)

HSS will mail pledge statements based on the schedule you determine is best for you. You will be able to pay by check or credit card.

Frequency of payments (select one) Monthly Quarterly Semi-annually Annually

Signature _____ Date _____

Signature _____ Date _____

\$25/month = \$300 annual donation
\$50/month = \$600 annual donation
\$75/month = \$900 annual donation
\$100/month = \$1,200 annual donation
\$150/month = \$1,800 annual donation
\$200/month = \$2,400 annual donation

△ Optional Payment

Enclosed is the first payment of \$ _____

Check (payable to HSS)

Credit Card or debit card

As specified above, I authorize HSS to charge my:

Visa Mastercard Discover American Express
Card number _____ Exp. date _____

Name on card _____

Signature _____ Date _____

△ Matching Gifts

I anticipate that my gift will be matched by (specify company)

△ Donor Information

Name _____

Address _____

City _____

State _____ Zipcode _____

Telephone _____

e-mail _____

△ Spouse Information

Spouse name _____

e-mail _____

Thank You for Investing in People and supporting your community!

HSS is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The federal tax identification number for HSS is 37-0968305. Donations are tax-deductible to the extent allowed by law.